

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/070093**

FILING DATE

APPLICANT(S)

*5-16-05* CLAIMS

*5-16-05*

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				4		
TOTAL DEP.				65		
TOTAL CLAIMS				69		

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.						4
TOTAL DEP.						65
TOTAL CLAIMS						69